



Advocates for housing that preserves Calistoga's identity

“REBUILDING CALISTOGA”

Homeowner Application

Please Complete and Return by: February 15, 2013

To:

Calistoga Affordable Housing, Inc.
1332 Lincoln Avenue
Calistoga, CA 94515
(707) 942-5920

This program is for the ELDERLY and/or DISABLED, and/or MILITARY VETERANS and/or their SPOUSES.

Application must be completed in full. Calistoga Affordable Housing, Inc. reserves the right to reject incomplete applications. Please print. (Information provided is kept confidential)

SECTION 1 Homeowner and Property Information

Name and Age of all homeowner(s) on title:

_____ **Age:** _____

_____ **Age:** _____

Property Address:

Property APN#: _____

Homeowner Phone: () _____

If no phone, please give a name & phone number of a friend/neighbor to serve as a primary contact for Homeowner:

() _____

In case of emergency, Calistoga Affordable Housing, Inc. office should call:

Name: _____ **Phone:** () _____

Relationship to Homeowner:

Does homeowner own any other homes? Yes / No (circle one)

Is homeowner Employed? Yes / No (circle one)

If Yes, Name of Employer:

Annual income from all sources: _____

Approximate Year home was built: _____

Approximate Market Value: \$ _____

Number of Years homeowner has resided at this address: _____

Please circle all that apply in describing this house:

One story One and a half story Two story Brick Wood frame
Sidings Basement Flat roof Pitched shingled roof

Number of Bedrooms: _____ Number of Bathrooms: _____

Please list all people living at this address. (Attach a separate sheet if more space is needed).

Please give name, Age, Relationship to Homeowner, and Disabilities for each:

SECTION 2 Special Needs

Is the homeowner disabled: Yes / No (circle one)

Is anyone else in the home disabled? Yes / No (circle one)

If yes to either of the above, please circle below all that apply:

Hearing impaired Sight Impaired Wheelchair Bound

Mentally Challenged Uses a Walker ,

Other: _____

Please describe any health concerns that anyone living in the house has of which we should be aware for planning repairs:

Is head of household a single parent? Yes / No (circle one)

Number of homeowner's children living in or around Napa County:

Please list two references (including at least one neighbor). Provide names and phone numbers

1. _____

2. _____

Does the occupant own this home? Yes / No (circle one)

Please provide some type of documentation or verification of ownership.
(copy of tax bill, etc.)

Why does homeowner feel he/she should be selected for the Rebuilding Calistoga program, and how will it help him/her?

SECTION 3 Income and Home Expenses

Please circle the approximate combined yearly income from all sources for all occupants of this home:

Under \$15,000 \$15,000 to \$30,000 Over \$30,000

Is this home insured under a homeowner's policy? Yes / No (circle one)

Are real estate taxes paid, and up to date? Yes / No (circle one)

After paying monthly bills (gas, electric, insurance, food, phone, medicine, etc.) approximately \$ _____ is left over to spend on house repairs.
(Include income of ALL people living in the house)

Are there plans to sell this home in the next 18 months? Yes / No (circle one)

SECTION 4 Type of Work to be Done

Should this home be approved for this program, what are the four most important repairs needed? Rebuilding Calistoga is a rehabilitation program to help with health and safety issues. Most projects are completed in 1-2 days. Please keep this in mind when considering the work that can be accomplished at this home. Describe the work needed and be as specific as possible. The final decision on what work can be done with our time and resources will be made by Rebuilding Calistoga's Community Steering Committee. All repairs started will be completed.

1. _____
2. _____
3. _____
4. _____

StopFalls Safety Assessment Request

CAH has partnered with Napa Valley StopFalls, a non-profit agency that will conduct a free in home safety assessment and make recommendations to CAH regarding free home modification services and products for seniors. If you are interested in having a free safety assessment made in your home, please check the following box regarding your interest in a home safety assessment.

- Yes, I am interested in having StopFalls do a free safety assessment in my home.
- No, I am not interested in having StopFalls do a free safety assessment in my home.

6. SECTION Military and spouses information

Are you applying as a Military Veteran? Yes / No (circle one)

If yes, please provide brief evidence of military service. (Date of service, rank, military ID information, etc. Any information to verify military service)

SECTION 6 Media and Publicity

The person to contact in regard to this application is (circle one):

Homeowner / Other

If "Other", please indicate name, relationship to homeowner and a daytime phone number (work or home):

Name: _____

Relationship: _____

If Rebuilding Calistoga selects this home to be repaired, homeowner gives permission to Rebuilding Calistoga, Calistoga Affordable Housing, Inc., or its financial backers to use project photos and project information for promotional and marketing (PR) purposes, including a photo of homeowner.

Please initial acceptance of consent to use of Homeowner's identity, likeness and property for promotional and marketing purposes. _____
(Important, as no homeowner will be accepted for inclusion in the program without Homeowner's acceptance of this provision.)

Please provide exact, detailed, road directions (and landmarks) to this home:

SECTION 7 Homeowner Agreement

If this home is selected, are there neighbors, friends, or relatives that could assist with the project. If yes, please indicate who could help with phone number.

1) _____

2) _____

3) _____

(if more names can be provided, please note on the back of this sheet)

Homeowner certifies that the above information is true and correct to the best of homeowners' knowledge. Homeowner realizes that failure to provide all information requested could result in this application being invalid. Homeowners authorize Calistoga Affordable Housing, Inc. to check any references necessary to complete the processing of this application for the purpose of receiving housing repairs through Calistoga Affordable Housing, Inc. Homeowner also understands that any information received will be kept confidential, and will be used strictly for determining homeowners' eligibility for the program. Homeowner has read the information provided by Calistoga Affordable Housing, Inc. and has a basic understanding of the program and its limitations. Homeowner gives Calistoga Affordable Housing, Inc. permission to inspect this home for the purposes of house selection. Homeowner understands that their home and address will be used for promotional purposes including "before and after" photos, photos of homeowner, and homeowner name and address may also be used for reporting to the newspapers and other media outlets. Homeowner also understand that any required building permits needed for repairs will be obtained in the name of the owner with Rebuilding Calistoga paying for the permit.

Homeowner(s) Signature: _____

Date: _____

The following is to be completed by individual(s) assisting the homeowner in completing this application

Is the Homeowner aware of this application Yes / No (please circle one)

Assistant's Name: _____

Address: _____

_____ Phone: _____

Relationship to the Homeowner:
